

APPLICATION INFORMATION

Application number::
Filing Date::
Application Type:: Continuation-in-part
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CR disks::
Number of copies of CDs::
Sequence submission?:: Paper
Computer Readable Form (CRF)?:: Yes
Number of copies of CRF:: 1
Title:: **MB-1 ANALOGS AND USES THEREOF**

Attorney Docket Number:: 15493-1US-1 PM/MG/al
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 23
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Secrecy Order in Parent Appl.?:: No

INVENTOR INFORMATION

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Marc
Middle name::
Family name:: Beauregard
Name Suffix::
City of Residence:: Cap-Santé
State or Province of Residence:: Québec
Country of Residence:: Canada
Street:: 139, route 138

City:: Cap-Santé
State or Province:: Québec

Country:: Canada
Postal or Zip Code:: G0A 1L0

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Mylène-Claude
Middle name::
Family name:: Gagnon
Name Suffix::
City of Residence:: Cap-Santé
State or Province of Residence:: Québec
Country of Residence:: Canada
Street:: 139 route 138
City:: Cap-Santé
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: G0A 1L0

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Alain
Middle name::
Family name:: Doucet
Name Suffix::
City of Residence:: L'Ancienne-Lorette
State or Province of Residence:: Québec
Country of Residence:: Canada
Street:: 1373 rue Notre-Dame, apt. 403
City:: L'Ancienne-Lorette
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: G2E 4P2

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Martin
Middle name::
Family name:: Williams
Name Suffix::
City of Residence:: Québec

State or Province of Residence:: Québec
Country of Residence:: Canada
Street::
City:: Québec
State or Province:: Québec
Country:: Canada
Postal or Zip Code::

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 020988
Phone number:: (514) 845-7126
Fax:: (514) 288-8389
E-Mail Address:: swabey@ogilvyrenault.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 020988

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Continuation-in-part	10/272,929	10/18/2002
			MM/DD/YY
			MM/DD/YY
			MM/DD/YY

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::
United States	60/329,759	10/18/2001

ASSIGNEE INFORMATION

Assignee name:: AGROTERRA BIOTECH INC.
Street:: 5175, rue Messier

City:: Trois-Rivières
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: G8Y 6X5